

OFFICE OF THE STATE CONTROLLER

STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2000-13

SCHOOL CRIMES REPORTING II

DECEMBER 4, 2000

In accordance with Government Code (GC) Section 17561, eligible claimants may submit claims to the State Controller's Office (SCO) for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that eligible claimants will use for the filing of claims for School Crimes Reporting II. These claiming instructions are issued subsequent to the adoption of the program's amended parameters and guidelines (P's & G's) by the Commission on State Mandates (COSM).

On March 30, 2000, COSM determined that the School Crimes Reporting II program establishes costs mandated by the state according to the provisions listed in the attached P's and G's. For your reference, the P's and G's are included as an integral part of the claiming instructions.

Eligible Claimants

With the exception of community colleges, any school district, as defined in GC § 17519, that incurs increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.

Reimbursable Methods

A unit cost rate was established by COSM for costs incurred for components A through E. Actual costs may be claimed for components F through I and other reimbursable expenditures.

A. Uniform Allowance Method

In lieu of actual costs, the uniform time allowance listed on form SCR-2, column (03)(a), as provided for in the P's and G's, shall be used to claim the cost of each reimbursable component A through E. This uniform allowance covers direct costs incurred in compliance with this mandate for activities A through E. Form SCR-2 is used to detail the costs and statistics for claiming. Forms SCR-1 and FAM-27 are used to summarize all costs associated with the Uniform Allowance Method.

B. Actual Cost Method

Actual costs of administering the School Crimes Reporting II program in compliance with this mandate may be claimed. The following are reimbursable expenditures related to School Crimes Reporting II: Salaries and benefits, materials and supplies, travel and training expenses, fixed assets, and contract services. Form SCR-3 must be completed to claim actual costs associated with this mandate. Form SCR-1, column (04)(a) through (f), must be completed to claim actual costs incurred for activities listed under components F through I. Forms SCR-1 and FAM-27 are then used to summarize these costs.

Filing Deadlines

Eligible claimants have the option of filing new reimbursement claims for fiscal years 1996-97 through 1998-99 for reimbursable activities pursuant to these amended P's and G's. If an eligible claimant exercises this option, the new reimbursement claim or claims shall include a reduction under "Other Reimbursements" for payments received on the original reimbursement claim for the School Crime Statistics Reporting and Validation mandate for the applicable fiscal year. SCO will process and pay the reimbursement claims if any, filed by eligible claimants that do not exercise this option pursuant to the original P's and G's and the statutory provisions that applied to those claims when filed.

A. Initial Claims

Initial claims must be filed within 120 days from the issuance date of claiming instructions. Reimbursement claims for the 1996-97 through 1999-00 fiscal years must be filed with SCO and must be delivered or postmarked on or before **April 3, 2001**. Annually thereafter, having received payment for an estimated claim, the claimant must file a reimbursement claim by **January 15** of the following fiscal year. Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$1,000. All initial reimbursement claims will be considered as one claim for the purpose of computing the late claim penalty. If the claims are late the penalty should be applied to a fiscal year. Do not prorate the penalty among fiscal years. In order for a claim to be considered properly filed, it must include any specific supporting documentation requested in the instructions. *Claims filed more than one year after the deadline, or without the requested supporting documentation, will not be accepted.*

B. Estimated Claims

Unless otherwise specified in the claiming instructions, school districts are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. The claimant can simply enter the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, the claimant must complete supplemental claim forms to support their estimated costs as specified for the program to explain the reason for the increased costs. If no explanation supporting the higher estimate is provided with the claim, it will automatically be adjusted to 110% of the previous fiscal year's actual costs.

Estimated claims for 2000-01 must be filed with SCO and postmarked by **April 3, 2001**. Thereafter, they must be filed with SCO and postmarked by **January 15** of the fiscal year in which costs will be incurred. Timely filed claims are paid before late claims.

Minimum Claim Cost

GC § 17564(a) provides that no claim shall be filed pursuant to § 17561 unless such a claim exceeds \$200 per program per fiscal year. However, any county superintendent of schools, as the fiscal agent for the district, may submit a combined claim in excess of \$200 on behalf of districts within the county even if an individual claim does not exceed \$200. A combined claim must show the individual claim costs for each eligible district. Once a combined claim is filed, all subsequent fiscal years relating to the same mandate must be filed in a combined form. The

county superintendent receives the reimbursement payment and is responsible for disbursing funds to each participating district. A district may withdraw from the combined claim form by providing the county superintendent and SCO with a written notice of its intent to file a separate claim at least 180 days prior to the deadline for filing the claim. Claims should be rounded to the nearest dollar.

Reimbursement Claims

Initial reimbursement claims will only be reimbursed to the extent that expenditures can be supported and if such information is unavailable, claims will be reduced. In addition, ongoing reimbursement claims must be supported by documentation as evidence of the expenditures. Examples of documentation may include, but are not limited to, employee time records that identify mandate activities, payroll records, invoices, receipts, contracts, travel expense vouchers, purchase orders, and caseload statistics.

Audit of Costs

All claims submitted to SCO are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the P's & G's adopted by COSM. If any adjustments are made to a claim, a "Notice of Claim Adjustment," specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by SCO as deemed necessary. Accordingly, all documentation to support actual costs claimed must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or amended regardless of the year of costs incurred. When no funds are appropriated for initial claims at the time the claim is filed, supporting documents must be retained for two years from the date of initial payment of the claim. Claim documentation shall be made available to SCO on request.

Retention of Claiming Instructions

Claiming instructions and forms should be retained permanently in your Mandated Cost Manual for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. You will be notified of updated forms or changes to claiming instructions as necessary. For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at www.sco.ca.gov/ard/local/locreim/index.htm.

Address for Filing Claims

Submit a signed original and a copy of form FAM-27, Claim for Payment, and a copy of all other forms and supporting documents to:

If delivery is by
U.S. Postal Service:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

If delivery is by
other delivery services:

Office of the State Controller
Attn: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

BEFORE THE
COMMISSION ON STATE MANDATES
STATE OF CALIFORNIA

IN RE TEST CLAIM ON:

Penal Code Sections 628.2 and 628.6 as added or amended by Statutes of 1992, Chapter 759 and Statutes of 1995, Chapter 410;

Title 5, California Code of Regulations, Sections 700-704; and
California Department of Education
Guidelines for School Crimes Reporting

Filed on December 16, 1997;

By the San Diego Unified School District,
Claimant.

No. 97-TC-03

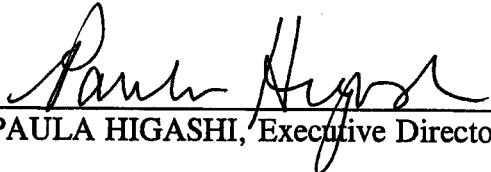
School Crimes Reporting II

ADOPTION OF AMENDMENT TO
PARAMETERS AND GUIDELINES
PURSUANT TO GOVERNMENT CODE
SECTION 17557 AND TITLE 2,
CALIFORNIA CODE OF REGULATIONS,
SECTIONS 1183.2 AND 1185.3.

(Adopted on September 28, 2000)

PARAMETERS AND GUIDELINES AMENDMENT

On September 28, 2000, the Commission on State Mandates adopted the attached Amended Parameters and Guidelines. This decision shall become effective on October 2, 2000.



PAULA HIGASHI, Executive Director

Parameters And Guidelines

Penal Code Sections 628.2 and 628.6
and

California Department of Education's
"Standard School Crime Reporting Forms"

Statutes of 1984, Chapter 1607

Statutes of 1988, Chapter 78

Statutes of 1989, Chapter 1457

School Crimes Statistics Reporting and Validation

Amended to Include

Statutes of 1992, Chapter 759

Statutes of 1995, Chapter 410

Title 5, California Code of Regulations sections 700-704

California Department of Education Guidelines for School Crimes Reporting

School Crimes Reporting II

I. SUMMARY OF THE MANDATES

Statutes of 1984, Chapter 1607, added section 628, 628.1, and 628.2 to the Penal Code to establish the requirement that school districts collect and report data regarding crimes committed within their jurisdiction.

Statutes of 1988, Chapter 78, amended section 628.2 to include county offices of education in the reporting program, specify certain school district and county office of education personnel as being responsible for the timely filing of the school crime reports, and added Education Code section 14044 which imposes a sanction upon school districts and county offices of education for failure to timely file.

At its hearing of May 22, 1990, the Commission on State Mandates found that Penal Code section 628.2, as added by Statutes of 1984, Chapter 1607, and amended by Statutes of 1988, Chapter 78, and the Standard School Crimes Reporting Forms and corresponding instructions, imposed a new program or higher level of service upon school districts within the meaning of section 6, article XIII B of the California Constitution.

Statutes of 1989, Chapter 1457, made the following changes to the Penal Code: amended section 626.1 to require school superintendents, at the request of the State Superintendent of Instruction, to notify parents of the contents and availability of the Attorney General's school crime handbook; amended section 628.2 to extend the reporting due date from January to March and required school site administrators to be provided information on the reporting criteria; added section 628.4 which requires the California Department of Education to distribute to all schools an annual school crime report; added section 628.5 which requires the

California Department of Education to identify criteria for validating the reported incidence of each crime description; and added section 628.6 which requires the California Department of Education to inform school districts and districts to inform school sites of the new validation criteria.

At its hearing of May 30, 1991, the Commission on State Mandates found that Penal Code section 628.2, as amended by Statutes of 1989, Chapter 1457, and Penal Code section 628.6, as added by Statutes of 1989, Chapter 1457, imposed a new program or higher level of service upon school districts within the meaning of section 6, article XIII B of the California Constitution.

Statutes of 1992, Chapter 759, made certain non-substantive changes to Penal Code section 628.2 and continued the state-mandated school crimes reporting and validation procedures. Chapter 410, Statutes of 1995 provided Legislative intent that the school crimes reporting procedures be clarified by regulation and amended Penal Code sections 628.2 and 628.6 to add Department of Education guidelines to the list of documents that school districts are required to provide to each school. Title 5, California Code of Regulations sections 700-704 effective September 13, 1995, imposed a more detailed set of school crime reporting procedures on school districts.

In its Statement of Decision adopted March 30, 2000, the Commission on State Mandates found that Penal Code sections 628.2 and 628.6, as amended by Statutes of 1992, Chapter 759, and Statutes of 1995, Chapter 410, title 5, California Code of Regulations sections 700-704, and the California Department of Education Guidelines for School Crimes Reporting imposed a new program or higher level of service upon school districts within the meaning of section 6, article XIII B of the California Constitution.

II. ELIGIBLE CLAIMANTS

Any "school district", as defined in Government Code section 17519, except for a community college district, which incurs increased costs as a result of this mandate is eligible to claim reimbursement.

III. PERIOD OF REIMBURSEMENT

Section 17557 of the Government Code, prior to its amendment by Statutes of 1998, Chapter 681, stated that a test claim must be submitted on or before December 31 following a given fiscal year to establish eligibility for that year. The initial test claim for this mandate was filed on December 18, 1989, therefore all mandated costs incurred on or after July 1, 1988, for implementation of Statutes of 1984, Chapter 1607, and Statutes of 1988, Chapter 78, (*School Crimes Reporting*) are reimbursable. The second test claim for this mandate was filed on November 30, 1990, therefore all mandate costs incurred on or after January 1, 1990, for the implementation of Statutes of 1989, Chapter 1457, (*School Crimes Validation*) are reimbursable. The third test claim for this mandate (*School Crimes Reporting II*) was filed on December 16, 1997. Therefore, all costs incurred on or after July 1, 1996 for compliance with the mandates in Statutes of 1992, Chapter 759, Statutes of 1995, Chapter 410, title 5,

California Code of Regulations sections 700-704, and the California Department of Education Guidelines for School Crimes Reporting are eligible for reimbursement.

Eligible claimants shall have the option of filing new reimbursement claims for Fiscal Years 1996-97 through 1998-99 to claim the costs of the reimbursable activities pursuant to these amended Parameters and Guidelines. If an eligible claimant exercises this option, the new reimbursement claim or claims shall include a reduction under "other reimbursements" for any payments received on the original reimbursement claims for the *School Crimes Statistics and Reporting and Validation* mandate for the applicable fiscal year. The State Controller's Office shall process and pay the reimbursement claims, if any, filed by any eligible claimants that do not exercise this option pursuant to the original Parameters and Guidelines and the statutory provisions that applied to those claims when filed.

Actual costs for one fiscal year should be included in each claim. Estimated costs for the subsequent year may be included on the same claim, if applicable. Pursuant to Section 17561, subdivision (d) (3) of the Government Code, all claims for reimbursement of initial years' costs shall be submitted within 120 days of issuance of claiming instructions by the State Controller.

If the total costs for a given fiscal year do not exceed \$200, no reimbursement shall be allowed, except as otherwise allowed by Government Code section 17564.

IV. REIMBURSABLE ACTIVITIES

The direct and indirect costs of labor, materials and supplies, contracted services, equipment, training, and travel incurred for the following mandate components are eligible for reimbursement:

A. On-site Data Collection

For each principal, site director, school police services director, or their designates, to collect and submit to the school district or county superintendent the data specified by the "CSSA School Crime Reporting Form" or its equivalent. This component includes time spent by school district personnel to investigate the facts necessary to determine whether an incident is reportable and to accurately complete the information required by the CSAA School Crime Reporting Form. The investigation time may not be claimed if the same time by the same personnel was claimed under the *Law Enforcement Agency Notifications* mandate or the *Pupil Suspensions, Expulsions, and Expulsion Appeals* mandate.

B. Cross-Checking Data

For school district personnel at the site level and at the district level to cross-check data in the CSSA School Crime Reporting Forms with other site-level data (for example, suspension data, maintenance logs, and theft and vandalism reports) each month to assure that the CSSA School Crime Reporting Forms are accurate and that all reportable incidents are reported, to contact the appropriate site or program CSSA administrator about necessary corrections, and to void the original CSSA School Crime Reporting Form and prepare a corrected CSSA School Crime Reporting Form when corrections are necessary.

C. Data Compilation and Reporting

For the school district or county superintendent, school police services director, or their designates, to compile the specified school crimes data, to notify the California Department of Education or its designee about the reporting option selected by the district, and to submit the aggregated data to the California Department of Education in the manner and at the times prescribed.

D. Record Retention

For school sites and programs to retain the individual CSSA School Crime Reporting Forms and data supporting the information contained in the CSSA School Crime Reporting Forms for not less than three years after the incident was reported.

E. Reporting of Data to the Sites

For the school police services director, or other designated administrator, to provide information to each school site about the school crime reporting program, the crime description included in the reporting program, the California Department of Education Guidelines for School Crimes Reporting, and validation criteria identified by the California Department of Education.

F. Validation Process

For school district personnel to participate in validation site visits conducted by the California Department of Education or its designee.

G. Compliance with State Agency Reviews

For the school district or county office of education to respond to information required by California Department of Education regarding this mandate.

H. Policies, Procedures, and Systems

For school districts to develop a system and policies and procedures to assure that all crimes are systematically reported (one-time) and to update or revise the system and policies and procedures as necessary (ongoing).

I. Training

For school districts to train school district personnel on school crime reporting procedures and any changes in the state's CSSA reporting program.

V. UNIFORM ALLOWANCES

Pursuant to Government Code section 17557, the Commission on State Mandates is adopting uniform allowances for reimbursement of the costs incurred for the activities described under Components A, B, C, D, and E of part IV, Reimbursable Activities in lieu of payment of the actual direct costs incurred for those activities. The uniform allowances cover all direct costs of performing activities described under Components A, B, C, D, and E of part IV, Reimbursable Activities.

Unit time is the total time allowed for all activities listed under the component. If more than one employee spends time on the component, the total time must be allocated accordingly. (For example, the uniform time for component A allows for a total of 1.7 hours per report for completing all activities in that component, regardless of how many employees are involved.)

A. Uniform Allowances for Component A

If school districts claim investigation time under this mandate, school districts shall be reimbursed for the activities listed in Component A based upon a uniform time allowance of one hour and 42 minutes (1.7 hours) for each CSSA School Crimes Reporting Form that is completed. Reimbursement for this Component is determined by multiplying (1) the uniform time allowance times (2) the hourly salary and benefit rate for the personnel who perform these activities times (3) the number of CSSA School Crimes Reporting Forms completed by that personnel.

If school districts claim investigation time under the *Law Enforcement Agency Notifications* mandate or the *Pupil Suspensions, Expulsions, and Expulsion Appeals* mandate, school districts shall be reimbursed for the remaining activities listed in Component A based upon a uniform time allowance of 12 minutes (.2 hours) for each CSSA School Crimes Reporting Form that is completed. Reimbursement for this Component is determined by multiplying (1) the uniform time allowance times (2) the hourly salary and benefit rate for the personnel who perform these activities times (3) the number of CSSA School Crimes Reporting Forms completed by that personnel.

B. Uniform Allowances for Component B

School districts shall be reimbursed for the activities listed in Component B (except for contacting the appropriate site or program personnel about the need for corrections and the preparation of a new CSSA School Crimes Reporting Form when the original CSSA School Reporting Form required corrections) based upon a uniform time allowance of 30 minutes (0.5 hours) for each CSSA School Crimes Reporting Form that is completed. Reimbursement for this portion of Component B is determined by multiplying (1) the uniform time allowance times (2) the hourly salary and benefit rate for the personnel who perform these activities times (3) the number of CSSA School Crimes Reporting Forms.

School districts shall be reimbursed for contacting the appropriate site or program personnel about the need for corrections and the preparation of a new CSSA School Crimes Reporting Form when the original CSSA School Reporting Form required corrections based upon a uniform time allowance of 42 minutes (.7 hours) for each CSSA School Crimes Reporting Form that requires corrections. Reimbursement for this Component is determined by multiplying (1) the uniform time allowance times (2) the hourly salary and benefit rate for the personnel who perform these activities times (3) the number of corrected CSSA School Crimes Reporting Forms completed by that personnel.

C. Uniform Allowances for Component C

School districts shall be reimbursed for the activities listed in Component C based upon a uniform time allowance of twelve minutes (0.2 hours) for each CSSA School Crimes

Reporting Form that is reported. Reimbursement for this Component is determined by multiplying (1) the uniform time allowance times (2) the hourly salary and benefit rate for the personnel who perform these activities times (3) the number of CSSA School Crimes Reporting Forms reported.

D. Uniform Allowances for Component D

School districts shall be reimbursed for the activities listed in Component D based upon a uniform time allowance of six minutes (0.1 hours) for each CSSA School Crimes Reporting Form that is reported. Reimbursement for this Component is determined by multiplying (1) the uniform time allowance times (2) the hourly salary and benefit rate for the personnel who perform these activities times (3) the number of CSSA School Crimes Reporting Forms reported.

E. Uniform Allowances for Component E

School districts shall be reimbursed for the activities listed in Component E based upon a uniform time allowance of twelve minutes (0.2 hours) for each school, program or site. Reimbursement for this Component is determined by multiplying (1) the uniform time allowance times (2) the hourly salary and benefit rate for the personnel who perform these activities times (3) the number of schools, programs and sites at the school district.

VI. CLAIM PREPARATION

Each claim for reimbursement pursuant to this mandate must be timely filed and identify each cost element for which reimbursement is claimed under this mandate. Claimed costs must be identified to each component of reimbursable activities identified in Section IV of these Parameters and Guidelines.

A. Direct Costs

1. Employee Salaries and Benefits

Identify the employee(s) and/or the classification of the employee involved. Describe the mandated activities performed and the productive hourly rate, and the related benefits. For Components A, B, C, D, and E, show the time for the activities based upon the Uniform Allowances set forth in Section V. For Components F, G, H, and I, specify the number of hours devoted to the reimbursable activity. The average number of hours devoted to each activity may be claimed if supported by a documented time study.

Reimbursement for personnel services includes compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits includes regular compensation paid to an employee during periods of authorized absences (e.g., annual leave, sick leave) and the employer's contributions to social security, pension plans, insurance, and worker's compensation insurance.

2. Materials and Supplies

Only the expenditures which can be identified as a direct cost of the mandate can be claimed. List cost of materials and supplies which have been consumed specifically for the purpose of this mandate. Purchases shall be claimed at the actual price after deducting discounts, rebates,

and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing.

3. Contract Services

Provide the name(s) of the contractor(s) who performed the service(s), including any fixed contracts for services. Describe the activity(ies) performed by each contractor, give the number of hours charged for the activity, if applicable, show the inclusive dates when services were performed and itemize all costs for those services. Attach consultant invoices to the claim. If a contractor performs the activities listed in Components A, B, C, D, or E, of part IV. Reimbursable Activities, list the hourly contract rate for the contractor's personnel who performed the activities when using the uniform allowance.

4. Equipment and Other Capital Assets

List the purchase price paid for equipment and other capital assets acquired for this mandate. Purchase price includes taxes, delivery costs, and installation costs. If the equipment or other fixed assets is used for purposes other than for this mandate, only the pro rata portion of the purchase price can be claimed.

5. Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlements are eligible for reimbursement in accordance with the rules of the local jurisdiction. Provide the name of the person traveling, purpose of travel, inclusive dates of travel, destination points, and travel costs.

6. Training

The cost of training an employee to perform the mandated activities, as specified in Section IV of these Parameters and Guidelines, is eligible for reimbursement. Identify the person traveling by name and job classification. Provide the title and subject of the training session, the dates attended, and the location. Reimbursable costs may include salaries and benefits, transportation, lodging, per diem, and registration fees.

B. Indirect Costs

1. School districts must use the J-380 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the California Department of Education.
2. County offices of education must use the J-580 (or subsequent replacement) non-restrictive indirect cost rate provisionally approved by the State Department of Education.

C. Exceptional Costs for Components A-E

The Commission has not identified any circumstances which would cause a school district to incur additional costs to implement this mandate which have not already been incorporated in the uniform cost allowances for Components A-E.

School districts incurring any identified unique costs within the scope of the reimbursable mandate activities may submit a Request to Amend the Parameters and Guidelines to the

Commission for the unique costs to be approved for reimbursement, subject to the provisions of California Code of Regulations, Title 2, section 1183.2.

VII. SUPPORTING DATA

For auditing purposes, all costs claimed must be traceable to source documents (for example, employee time records, invoices, receipts, purchase orders, contracts, worksheets, calendars, declarations, etc.) that show evidence of the validity of such costs and their relationship to the state mandated program. For Components that are reimbursed on the basis of a uniform allowance, the only required source documents are copies of the CSSA School Crimes Reporting Forms, reports to the California Department of Education, or other documents maintained by the school district that support the units claimed. Pursuant to Government Code section 17558.5, these documents must be kept on file by the agency submitting the claim for a period of no less than two years after the later of (1) the end of the calendar year in which the reimbursement claim is filed or last amended, or (2) if no funds are appropriated for the fiscal year for which the claim is made, the date of initial payment of the claim. These documents must be made available to the State Controller on the request.

VIII. OFFSETTING SAVINGS AND OTHER REIMBURSEMENTS

Any offsetting savings the claimant experiences as a direct result of this statute must be deducted from the costs claimed. In addition, reimbursement for this mandate received from any source, e.g., service fees collected, federal funds, other state funds, etc., shall be identified and deducted from this claim.

IX. REQUIRED CERTIFICATION

An authorized representative of the claimant will required to provide a certification of claim, as specified in the State Controller's claiming instructions, for those cost mandated by the State contained herein.

| CLAIM FOR PAYMENT Pursuant to Government Code Section 17561 SCHOOL CRIMES REPORTING II | | | For State Controller Use Only | |
|---|--|--|----------------------------------|--|
| (01) Claimant Identification Number | | | (19) Program Number 00190 | |
| (02) Mailing Address | | | (20) Date File _____/_____/_____ | |
| Claimant Name | | | (21) LRS Input _____/_____/_____ | |
| County of Location | | | (22) SCR-1, (03) | |
| Street Address or P.O. Box | | | (23) SCR-1, (04)(A)(f) | |
| City State Zip Code | | | (24) SCR-1, (04)(B)(f) | |
| | | | (25) SCR-1, (04)(C)(f) | |
| | | | (26) SCR-1, (04)(D)(f) | |
| | | | (27) SCR-1, (04)(E)(f) | |
| Type of Claim | | | (28) SCR-1, (04)(F)(f) | |
| Estimated Claim | | | (29) SCR-1, (04)(G)(f) | |
| Reimbursement Claim | | | (30) SCR-1, (04)(H)(f) | |
| (03) Estimated <input type="checkbox"/> | | | (31) SCR-1, (04)(I)(f) | |
| (04) Combined <input type="checkbox"/> | | | (32) SCR-1, (06) | |
| (05) Amended <input type="checkbox"/> | | | (33) | |
| (09) Reimbursement <input type="checkbox"/> | | | (34) | |
| (10) Combined <input type="checkbox"/> | | | (35) | |
| (11) Amended <input type="checkbox"/> | | | (36) | |
| Fiscal Year of Cost | | | (37) | |
| (06) 20____/20____ | | | | |
| (12) 19____/20____ | | | | |
| Total Claimed Amount | | | | |
| (07) | | | | |
| Less: 10% Late Penalty, not to exceed \$1,000 | | | | |
| (14) | | | | |
| Less: Estimated Claim Payment Received | | | | |
| (15) | | | | |
| Net Claimed Amount | | | | |
| (16) | | | | |
| Due from State | | | | |
| (08) | | | | |
| Due to State | | | | |
| (17) | | | | |
| (18) | | | | |
| (38) CERTIFICATION OF CLAIM In accordance with the provisions of Government Code § 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapters 1607/84, 78/88, 1457/89, 759/92, 410/95, and Title 5, CCR; and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive. I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapters 1607/84, 78/88, 1457/89, 759/92, 410/95, and Title 5, CCR. The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapters 1607/84, 78/88, 1457/89, 759/92, 410/95, and Title 5, CCR, set forth on the attached statements. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Signature of Authorized Representative</div> <div style="width: 45%;">Date</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;">Type or Print Name</div> <div style="width: 45%;">Title</div> </div> | | | | |
| (39) Name of Contact Person for Claim Telephone Number (_____) _____ Ext. _____ E-mail Address _____ | | | | |

SCHOOL CRIMES REPORTING II
Certification Claim Form
Instructions

FORM
FAM-27

- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address has been enclosed with the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the space shown on form FAM-27. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form SCR-1 and enter the amount from line (11). If more than one form SCR-1 is completed due to multiple department involvement in this mandate add line (11) of each form SCR-1.
- (08) Enter the same amount as shown on line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of reimbursement claim from form SCR-1, line (11). If more than one form SCR-1 is completed due to multiple department involvement in this mandate add line (11) of each form SCR-1.
- (14) Reimbursement claims must be filed by January 15 of the fiscal year in which costs are incurred or the claims shall be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- (15) If filing a reimbursement claim and have previously filed an estimated claim for the same fiscal year, enter the amount received for the estimated claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16) Net Claimed Amount is positive, enter that amount on line (17) Due from State.
- (18) If line (16) Net Claimed Amount is negative, enter that amount in line (18) Due to State.
- (19) to (21) Leave blank.
- (22) to (37) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (32) for the reimbursement claim [e.g. SCR-1, (04)(A)(f), means the information is located on form SCR-1, line (04)(A), column (f)]. Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, (i.e., no cents). Indirect costs percentage should be shown as a whole number and without the percent symbol (i.e., 7.548% should be shown as 8). Completion of this data block will expedite the payment process.
- (38) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized officer and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by a signed certification.
- (39) Enter the name, telephone number, and e-mail address of the person whom this office should contact if additional information is required.

SUBMIT A SIGNED ORIGINAL AND A COPY OF FORM FAM-27, AND A COPY OF ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:

Address, if delivered by U.S. Postal Service:

Address, if delivered by other delivery service:

OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
P.O. Box 942850
Sacramento, CA 94250

OFFICE OF THE STATE CONTROLLER
ATTN: Local Reimbursements Section
Division of Accounting and Reporting
3301 C Street, Suite 500
Sacramento, CA 95816

| MANDATED COSTS SCHOOL CRIMES REPORTING II CLAIM SUMMARY | | | | | | FORM SCR-1 |
|--|---|-------------------------------------|----------------------------------|------------------------|-----------------------------|-----------------------------|
| (01) Claimant | (02) Type of Claim <div style="display: flex; justify-content: space-between; align-items: flex-start; margin-top: 5px;"> <div> Reimbursement <input type="checkbox"/> Estimated <input type="checkbox"/> </div> <div style="text-align: right;"> Fiscal Year 19__/20__ </div> </div> | | | | | |
| Claim Statistics | | | | | | |
| (03) Number of CSSA incident forms received and forwarded to CDE | | | | | | |
| Direct Costs | Object Accounts | | | | | |
| (04) Reimbursable Components | (a) Salaries and Benefits | (b) Materials and Supplies | (c) Travel and Training | (d) Fixed Assets | (e) Contract Services | (f) Total |
| A. On-Site Data Collection | | | | | | |
| B. Cross-Checking Data | | | | | | |
| C. Data Compilation and Reporting | | | | | | |
| D. Record Retention | | | | | | |
| E. Reporting of Data to the Sites | | | | | | |
| F. Validation Process | | | | | | |
| G. Compliance with State Agency Reviews | | | | | | |
| H. Policies, Procedures, and Systems | | | | | | |
| I. Training | | | | | | |
| (05) Total Direct Costs | | | | | | |
| Indirect Costs | | | | | | |
| (06) Indirect Cost Rate [From J-380 or J-580] | | | | | | % |
| (07) Total Indirect Costs [Line (06) x line (05)(f)] | | | | | | |
| (08) Total Direct and Indirect Costs [Line (05)(f) + line (07)] | | | | | | |
| Cost Reduction | | | | | | |
| (09) Less: Offsetting Savings, if applicable | | | | | | |
| (10) Less: Other Reimbursements, if applicable | | | | | | |
| (11) Total Claimed Amount [Line (08) - {line (09) + line (10)}] | | | | | | |

SCHOOL CRIMES REPORTING II
CLAIM SUMMARY
Instructions

FORM
SCR-1

- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form SCR-1 must be filed for a reimbursement claim. Do not complete form SCR-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form SCR-1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Enter the number of CSSA incident forms received by the school district or the county office of education and forwarded to the California Department of Education.
- (04) Reimbursable Components. For reimbursable components A through E, enter the totals from form SCR-2, column (d), to form SCR-1, block (04), column (f), in the appropriate row. For reimbursable components F through I, enter the totals from form SCR-3, line (05), columns (d) through (h), to form SCR-1, block (04), columns (a) through (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns A(f) through I(f).
- (06) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable for the fiscal year of costs.
- (07) Total Indirect Costs. Enter the result of multiplying the Indirect Cost Rate, line (06), by the Total Direct Costs, line (05)(f).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f), and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, federal funds, and other state funds, which reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- Less: Payments received on the original reimbursement claims for the School Crimes Statistics Reporting and Validation mandate for the applicable year for claimants who exercised the option of filing new claims for the 1996-97 through 1998-99 fiscal years.
- (11) Total Claimed Amount. From Total Direct and Indirect Costs, line (08), subtract the sum of Offsetting Savings, line (09), and Other Reimbursements, line (10). Enter the remainder on this line and carry the amount forward to form FAM-27, line (07) for the Estimated Claim or line (13) for the Reimbursement Claim.

| MANDATED COSTS SCHOOL CRIMES REPORTING II COMPONENT/ACTIVITY COST DETAIL | | | | FORM SCR-2 |
|--|--------------------------------|---|---|---------------|
| (01) Claimant | | (02) Fiscal Year Costs Were Incurred | | |
| Direct Costs | Object Accounts | | | |
| (03) Reimbursable Components | (a) | (b) | (c) | (d) |
| A. On-Site Data Collection | Uniform Time Allowance (hours) | Hourly Salary and Benefit Rate of Personnel | Number of CSSA Forms Completed by Personnel | Total Cost |
| 1. Investigation Time | 1.7 | | | |
| 2. Combined Investigation Time* | 0.2 | | | |
| 3. Component Total | | | | |
| | | | | |
| B. Cross-Checking Data | Uniform Time Allowance (hours) | Hourly Salary and Benefit Rate of Personnel | Number of CSSA Forms Completed by Personnel | Total Cost |
| 1. CSSA Forms Requiring Completion | 0.5 | | | |
| 2. Correcting Completed CSSA Forms | 0.7 | | | |
| 3. Component Total | | | | |
| | | | | |
| C. Data Compilation and Reporting | Uniform Time Allowance (hours) | Hourly Salary and Benefit Rate of Personnel | Number of CSSA Reporting Forms Reported | Total Cost |
| | 0.2 | | | |
| | | | | |
| D. Record Retention | Uniform Time Allowance (hours) | Hourly Salary and Benefit Rate of Personnel | Number of CSSA Reporting Forms Reported | Total Cost |
| | 0.1 | | | |
| | | | | |
| E. Reporting of Data to the Sites | Uniform Time Allowance (hours) | Hourly Salary and Benefit Rate of Personnel | Number of School Programs or Sites at the School District | Total Cost |
| | 0.2 | | | |

* Use if investigation time was claimed under the LEAN or PSEA mandates.

SCHOOL CRIMES REPORTING II
COMPONENT/ACTIVITY COST DETAIL
Instructions

FORM
SCR-2

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components:
- A.1. Investigation Time. Enter the average hourly salary rate of all personnel who performed this activity in column (b). Enter the number of CSSA forms completed by personnel during the fiscal year of the claim in column (c). Multiply columns (a) times column (b) times column (c). Enter the total in column (d). **Do not include a CSSA form as part of the subtotal in column A.1.(c) if it is also claimed under A.2.(c).**
- Investigation time may not be claimed if the same time by the same personnel was claimed under the Law Enforcement Agency Notification (LEAN) mandate or the Pupil Suspensions, Expulsions, and Expulsion Appeals (PSEA) mandate. For these incidences, include the CSSA forms as part of the subtotal in column A.2.(c).**
- A.2. Combined Investigation Time*. Use this unit time allowance if the investigation time was also claimed under Chapter 1117/89, LEAN, or Chapter 1253/75, PSEA.
- Enter the average hourly salary rate of all personnel who performed this activity in column (b). Enter the number of CSSA forms completed by personnel during the fiscal year of the claim in column (c). Multiply columns (a) times column (b) times column (c). Enter the total in column (d). **Do not include a CSSA form as part of the subtotal in column A.2.(c) if it is also claimed under A.1.(c).**
- Each CSSA form is only to be counted once and included as part of the subtotal in either column A.1.(c) or column A.2.(c). The total of columns A.1.(c) and A.2.(c) should equal the total number of CSSA forms completed by the school district during the fiscal year of the claim.**
- A.3. Component Total. Add line A.1., column (c) and line A.2., column (c). Enter the total in line A.3., column (c). Add line A.1., column (d) and line A.2., column (d). Enter the total in line A.3., column (d), and carry this amount forward to form SCR-1, block (04), line A., column (f).
- B.1. CSSA Forms Requiring Completion. Enter the average hourly salary rate of all personnel who performed this activity in column (b). Enter the number of CSSA forms that required completion by personnel during the fiscal year of the claim in column (c). Multiply columns (a) times column (b) times column (c). Enter the total in column (d).
- B.2. Correcting Completed CSSA Forms. Enter the average hourly salary rate of all personnel who performed this activity in column (b). Enter the number of completed CSSA forms that were corrected by personnel during the fiscal year of the claim in column (c). Multiply columns (a) times column (b) times column (c). Enter the total in column (d).
- B.3. Component Total. Add line B.1., column (d) and line B.2., column (d). Enter the total in line B.3., column (d), and carry this amount forward to form SCR-1, block (04), line B., column (f).
- C. Data Compilation and Reporting. Enter the average hourly salary rate of all personnel who performed this activity in column (b). Enter the number of CSSA reporting forms that were reported during the fiscal year of the claim in column (c). Multiply columns (a) times column (b) times column (c). Enter the total in column (d) and carry this amount forward to form SCR-1, block (04), line C., column (f).
- D. Record Retention. Enter the average hourly salary rate of all personnel who performed this activity in column (b). Enter the number of CSSA reporting forms that were reported during the fiscal year of the claim in column (c). Multiply columns (a) times column (b) times column (c). Enter the total in column (d) and carry this amount forward to form SCR-1, block (04), line D., column (f).
- E. Reporting Data to the Sites. Enter the average hourly salary rate of all personnel who performed this activity in column (b). Enter the number of school programs or sites at the school district during the fiscal year of the claim in column (c). Multiply columns (a) times column (b) times column (c). Enter the total in column (d) and carry this amount forward to form SCR-1, block (04), line E., column (f).

| | |
|---|-----------------------------|
| MANDATED COSTS SCHOOL CRIMES REPORTING II COMPONENT/ACTIVITY COST DETAIL | FORM SCR-3 |
|---|-----------------------------|

| | |
|---------------|--------------------------------------|
| (01) Claimant | (02) Fiscal Year Costs Were Incurred |
|---------------|--------------------------------------|

(03) Reimbursable Components: Check only **one** box per form to identify the component being claimed.

| | |
|---|--|
| <input type="checkbox"/> Validation Process | <input type="checkbox"/> Policies, Procedures, and Systems |
| <input type="checkbox"/> Compliance with State Agency Reviews | <input type="checkbox"/> Training |

(04) Description of Expenses: Complete columns (a) through (h). **Object Accounts**

| (a) Employee Names, Job Classifications, Functions Performed, and Description of Expenses | (b) Hourly Rate or Unit Cost | (c) Hours Worked or Quantity | (d) Salaries and Benefits | (e) Materials and Supplies | (f) Travel and Training | (g) Fixed Assets | (h) Contract Services |
|--|--|--|------------------------------------|-------------------------------------|----------------------------------|------------------------|-----------------------------|
| | | | | | | | |
| (05) Total <input type="checkbox"/> Subtotal <input type="checkbox"/> Page: ____ of ____ | | | | | | | |

SCHOOL CRIMES REPORTING II
COMPONENT/ACTIVITY COST DETAIL
Instructions

FORM
SCR-3

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form SCR-3 shall be prepared for each applicable component.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee names, position titles, a brief description of the activities performed, productive hourly rates, actual time spent by each employee, fringe benefits, supplies used, travel and training expenses, and contract services. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. When no funds are appropriated for the initial payment at the time the claim was filed, supporting documents must be retained for two years from the date of initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

| Object/ Sub object Accounts | Columns | | | | | | | | Submit these supporting documents with the claim |
|-----------------------------------|------------------------------------|---------------------|---------------------|--|---|---------------------------|--------------------------------------|-------------------------------------|---|
| | (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | |
| Salaries and Benefits | | | | | | | | | |
| Salaries | Employee Name | Hourly Rate | Hours Worked | Salaries = Hourly Rate x Hours Worked | | | | | |
| Benefits | Title | Benefit Rate | | Benefits = Benefit Rate x Salaries | | | | | |
| | Activities | | | | | | | | |
| Materials and Supplies | Description of Supplies Used | Unit Cost | Quantity Used | | Cost = Unit Cost x Quantity Used | | | | |
| Travel and Training | Purpose of Travel | Per Diem Rate | Days | | | Rate x Days | | | |
| | Name and Title | Mileage Rate | Miles | | | or Miles = | | | |
| Travel | Departure and Return Date | Transportation Cost | Transportation Mode | | | Total Transportation Cost | | | |
| Training | Employee Name and Title | | Dates Attended | | | Registration Fee | | | |
| | Name of Class | | | | | | | | |
| Fixed Assets | Description of Equipment Purchased | Unit Cost | Quantity Used | | | | Itemized Cost of Equipment Purchased | | Invoice |
| | Equipment ID | | | | | | | | |
| Contract Services | Name of Contractor | Hourly Rate | Hours Worked | | | | | Itemized Cost of Services Performed | Invoice |
| | Specific Tasks Performed | | Dates of Service | | | | | | |

- (05) Total line (04), columns (d) through (h), and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed to detail the component/activity costs, number each page. Enter totals from line (05), columns (d) through (h), to form SCR-1, block (04), columns (a) through (e), in the appropriate row.